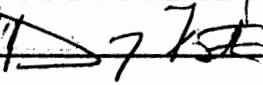


AO 435 (Rev. 04/11)	Administrative Office of the United States Courts			FEDERAL DEFENDANT DRAFT COPY
TRANSCRIPT ORDER				
<i>Please Read Instructions:</i>				
1. NAME Robert Heberle		2. PHONE NUMBER 202/514-1412		3. DATE 3-19-18
4. MAILING ADDRESS 1400 New York Ave. NW		5. CITY washington		6. STATE DC 7. ZIP CODE 20530
8. CASE NUMBER 4:17-CR-116-2	9. JUDGE Rosenthal	DATES OF PROCEEDINGS 10. FROM 3-19-18 11. TO		
12. CASE NAME USA v. Stockman		LOCATION OF PROCEEDINGS 13. CITY Houston 14. STATE TX		
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input checked="" type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER				
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)				
PORTIONS		DATE(S)	PORTION(S)	DATE(S)
<input checked="" type="checkbox"/> VOIR DIRE			<input checked="" type="checkbox"/> TESTIMONY (Specify Witness)	
<input checked="" type="checkbox"/> OPENING STATEMENT (Plaintiff)			All Witnesses	
<input checked="" type="checkbox"/> OPENING STATEMENT (Defendant)				
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)			<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input checked="" type="checkbox"/> CLOSING ARGUMENT (Defendant)				
<input type="checkbox"/> OPINION OF COURT				
<input checked="" type="checkbox"/> JURY INSTRUCTIONS			<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			Entire trial proceedings	
<input type="checkbox"/> BAIL HEARING				
17. ORDER				
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	
			NO. OF COPIES	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES	
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REALTIME	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
CERTIFICATION (18. & 19.)				
By signing below, I certify that I will pay all charges (deposit plus additional).				
18. SIGNATURE 				
19. DATE 1-7-18				
DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY				

